

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	/					51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		5					56					
7		5					57					
8		5					58					
9		/					59					
10		/					60					
11	/						61					
12							62					
13							63					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	21	↓		↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	93						TOTAL CLAIMS					